MEMBERSHIP APPLICATION / RENEWAL FORM

Membership renewal for 2011 is now due. Please complete and return to reach the saspen secretariat no later than 31 March 2011.

Type of membership requested: New membership application renewal of membership

TITLE: __________________ NAME: ________________________________________________________________
SURNAME: _________________________________________ MAIDEN NAME (if applicable): ____________________________
QUALIFICATIONS: _____________________________________________________________________________________
HPCSA REGISTRATION NUMBER: MP / DT __________________________________________________________________
POSTAL ADDRESS: _____________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________ CODE: ______________________
TELEPHONE NO: Office Hours: (______) ___________________ After Hours: (______) ____________________________
Cell Phone: ________________________ FAX NO: (______) ____________________ E-MAIL: __________________________

PROFESSION:

MEDICAL ☐ NURSING ☐ DIETETICS ☐

PHARMACY ☐ INDUSTRY ☐ OTHER ☐

MEMBERSHIP OF OTHER SOCIETIES:

ADSA ☐ NSSA ☐ OTHER (Please specify) ________________________________________________________________

Membership fees for 2011

<table>
<thead>
<tr>
<th>DESCRIPTION – different categories of membership</th>
<th>FEE</th>
<th>AMOUNT ENCLOSED*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL MEMBER (including the SAJCN)</td>
<td>R150.00</td>
<td></td>
</tr>
<tr>
<td>STUDENT MEMBER (including the SAJCN)</td>
<td>Free</td>
<td></td>
</tr>
<tr>
<td>INTERNATIONAL MEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- AFRICAN MEMBER</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>- EUROPEAN/AMERICAN MEMBER</td>
<td></td>
<td></td>
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</tbody>
</table>

TOTAL AMOUNT ENCLOSED R

\* Payment by cheque or electronically ONLY.

Please pay into the following account

Account name: SASPEN
Bank: NEDBANK
Branch Name: Tygervalley
Branch Code: 103910
Account number: 1039 030858

Fax a copy of your bank deposit slip or transfer slip to (021) 932 9919. Use your name and surname as bank reference.

Please inform the secretariat immediately if your address or any other particulars change.

FORWARD TO ABOVE ADDRESS